# INTERNATIONAL MIGRATION OF INDONESIAN CARE WORKERS DURING COVID-19

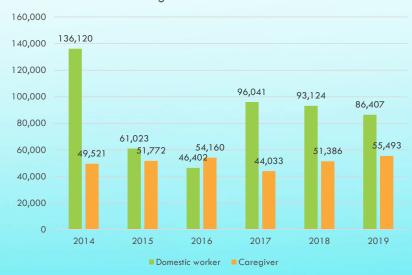
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### DEPLOYMENT OF INDONESIAN'S MIGRANT WORKERS (2014 – 2019)

Deployment of Indonesian domestic workers & caregivers in 2014 - 2019



Source: BP2MI, 2018

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Deployment of Indonesian nurses in 2014 - 2019 

## DEPLOYMENT OF INDONESIAN NURSES AND CARE WORKERS (2014 – 2019)

	2014	2015	2016	2017	2018	2019
Nurse						
<ul><li>Japan</li><li>Other countries</li></ul>	41 889	66 400	46 132	29 211	31 196	38
Total	930	466	178	240	227	
Care worker						
<ul><li>Japan</li><li>Other countries (Caregiver)</li></ul>	146 49,375	212 51.560	233 53,972	295 43.738	298 51,088	300 55,193
Total	49,531	51,772	54,160	44,033	51,386	55,493

Source: BP2MI, 2018



#### Caregivers:

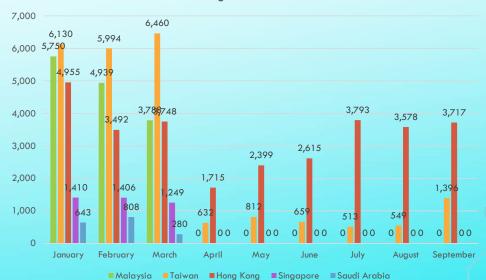
- Working and living at employer's house (informal workers): majority do not have nursing educational background; some are nursing school graduate
- Working at nursing home (formal workers): nursing school graduate
- Nurses deployed to Japan: nursing school graduate; holding Letter of Registration (as registered nurse in Indonesia) for 2 years; work at hospital as nurse assistant, do not allow to deal with patients
- Care workers deployed to Japan: nursing school graduate, do not hold Letter of Registration, work at hospital or nursing home as care worker assistant
- Nurses deployed to other countries (for example Saudi Arabia): nursing school graduate; may deal with patients in hospital

#### DEPLOYMENT OF INDONESIAN MIGRANT WORKERS DURING COVID-19 PANDEMIC





#### Destination countries of Indonesian domestic workers and caregivers in 2020



#### THE IMPACT OF COVID-19 PANDEMIC ON INDONESIAN'S MIGRANT WORKERS

Data from 12 labor attaches in 12 destination countries in early May 2020:

- > 587 migrant workers were expose to Covid-19 transmission
- > 225 migrant workers were infected by Covid-19
  - Malaysia (108)
  - United Arab Emirate (40)
  - Saudi Arabia (37)
  - Qatar (19)
  - Kuwait (13)
  - Singapura (5)
  - Taiwan (2)
  - Brunei Darussalam (1).
- > 10 migrant workers died in Jeddah (Saudi Arabia)



- During period of 1 January 25 April 2020: 126,742 migrants workers had returned home:
  - 75,424 were returned by Indonesian Covid-19 Task Force
  - 33,434 returned by their own expenses
  - 17,884 facilitated by by BP2MI
- ➤ 6,726 migrant workers form 46 destination countries returned home → finish working contract: Malaysia (2,124); Hongkong (1,556); Taiwan (1,202); Singapura (601); Saudi Arabia (230); some countries in East Asia, Middle East, Europe, America, and Africa (1,004)



- Suspension of migrant workers deployment to overseas started on 20 March 2020 (Ministry of Manpower Decree No. 151/2020 on temporarily suspend the placement of Indonesian migrant workers) → issued on 18 March 2020
- Starting on 29 July the government allowed deployment of migrant workers (Ministry of Manpower Decree No. 294/2020 on placement of Indonesian migrant workers during new normal era) → issued by at 29 July 2020.
  - Destination countries: Algeria, Australia, Hong Kong, South Korea, Kuwait, Maldives, Nigeria, United Arab Emirate, Poland, Qatar, Taiwan, Turkey, Zambia, and Zimbabwe → 88,973 prospective migrant workers to be deployed.



- Dilemma between deployment of health workers to overseas vs increasing domestic demand for covid-19 cure
  - Government established additional temporary hospital to cure covid-19 patients → need more health workers
  - O Government recruited health workers (doctors, nurses, and other medical supporting staffs) to be employed at the newly established temporary hospital, such as provincial government of Jakarta and West Java.



#### DEPLOYMENT OF CARE WORKERS DURING COVID-19 PANDEMIC

- No nurse are deployed in 2020 (G to G and P to P schemes)
- Planning of nurse deployment in 2021 → depend very much on agreement of Indonesian and destination countries
- Caregiver (not necessarily having nurse educational background; mostly do not have such qualification) to Taiwan has been been deployed on early August -> high competition among sending countries due to very limited quota for quarantine place
- Additional efforts and costs for PCR test and other health related efforts at every phases of migration process
- Self discipline to implemented health protocol to prevent covid-19 transmission

